

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2008
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a state licensure construction standards survey for the 54 beds increase to include the distinct part skilled nursing facility conducted at your facility on September 22, 2008.</p> <p>The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004.</p> <p>The following area was remodeled: The southwest portion of the hospital was converted from hospital patient care area to a distinct part skilled nursing facility. The hospital patients were relocated to the east section of the hospital after approval of Phase II of III of this project. This survey is for Phase III of III for this project.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p> <p>Nevada Revised Statute (NRS) Application for license. NRS 449.040.5 The number of beds authorized by the Director of the Department of Health and Human Services or, if such authorization is not required, the number of beds the facility will contain.</p> <p>Based on observation and document review, the facility failed to reconcile the number of beds within the facility with what was requested on its licensure application.</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 000	Continued From page 1	S 000		
S 071	<p>Findings include:</p> <p>The facility had 50 beds for the proposed distinct part skilled nursing portion of the facility and had two additional beds added to the intensive care unit, totaling 52 new beds for the facility. The facility's licensure application had indicated an additional 54 beds.</p> <p>NAC 449.3154 Construction Standards</p> <p>2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the Guidelines for Design and Construction of Hospital and Health Care Facilities, pursuant to section 1 of this regulation, unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.</p> <p>This Regulation is not met as evidenced by: The project's review edition of the American Institute of Architects, "Guideline for the Design and Construction of Hospitals and Health Care Facilities," is the 2001 edition.</p> <p>This REG is not met evidence by:</p> <p>1) Section 8.31.D1 Ventilation Rates.</p> <p>Based on document review, the facility failed to ensure that the ventilation rates flowed properly and had sufficient flow.</p> <p>Findings include:</p>	S 071		

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S 071	<p>Continued From page 2</p> <p>Below listed locations had the following ventilation problems:</p> <p>a) Room 1a-111, clean utility room had improper flow. The air balance report indicated a negative flow (into the room) instead of the required positive flow (out of room).</p> <p>b) Room 1a-113, soiled utility room had insufficient air flow. The air balance report indicated 157 CFM (cubic feet per minute) and the required CFM was 183 (relative to the facility supplied room dimension information).</p> <p>2) Section 8.31.D5, 8.31.D8 and Table 8.2 Ventilation Filtration Efficiencies.</p> <p>Based on document review, the facility failed to sufficiently identify the ventilation filtration efficiencies for both the central ventilation system and the in-wall resident room units.</p> <p>Findings include:</p> <p>The facility provided a ventilation filtration specification for review. It was unclear which of the three required filters (the pre-filters and the post-filters for the central air handling systems for the skilled nursing area and the in-wall resident room unit filters) that this specification was to be assigned. Missing are the other two required filter specification and their filter location assignments.</p>	S 071		

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